

Account # _____
Type _____

City of North Little Rock
BUSINESS LICENSE
APPLICATION

Please Mail Application and Fees to:
Business License Office
P.O. Box 5757
North Little Rock, AR 72119
501-975-8833

Date _____, _____

____ New Business ____ Ownership Change ____ Name Change ____ Address Change ____ Relocation

Name of Business _____

Address _____ Business Phone Number _____

Owner's Name (Please Print) _____ DL# _____

Business started @ current location: Month ____ Year ____ Number of employees _____

Description of operations: _____

Business property owned or leased? _____ Owned _____ Leased

Billing/Mailing address if different than business location: _____

City _____ State _____ Zip code _____

Owners Home Address: _____ Phone _____

City _____ State _____ Zip code _____

Previous business location: Address _____

City _____ State _____ Zip code _____

Do you store flammable or explosive material? _____ Yes _____ No

Are you or do you plan any construction or remodeling at this location? _____ Yes _____ No

To calculate the average inventory add the highest and lowest month inventory amount together and divide that total by two. In the initial year of operation use the amount of beginning inventory.

To calculate the business license fee multiply the value of the average inventory by 0.22 percent an alternative calculation is \$2.20 for each \$1,000.00 of inventory or part of \$1,000.00. There is a base fee of **\$180.00** plus the variable fee on inventory.

Average Inventory Amount \$ _____ Fee on Inventory Due \$ _____

I declare under the penalties of perjury that this return and any accompanying schedules and statements have been examined by me and are to the best of my knowledge and belief true, correct and complete.

Signed _____
Owner or Authorized Representative